

REVIEW OF PATIENT SATISFACTION IN PRIVATE HOSPITALS - A STUDY OF HEALTH CARE SECTOR WITH SPECIAL REFERENCE TO NOIDA & GHAZIABAD

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ABSTRACT

Over the past several years, the issue of patient/customer satisfaction has gained increasing attention from executives across the healthcare industry. As a result, industry leaders have been focusing their attention on improving patient/customer satisfaction through various initiatives. However, despite their many efforts and successes, evidence shows that more work in this area is still needed. One of the primary challenges has been in sustaining enthusiasm for and focusing on patient/customer satisfaction projects in view of “competing priorities, shrinking resources, and an increasingly frustrated patient and employee/physician population”. This study was conducted to investigate the level of satisfaction of the customers in private hospitals. This study was about private hospitals in Noida & Ghaziabad. Total 04 reputed private hospitals in Noida & Ghaziabad were analysed with the help of 30 questions. The number of respondents involved the research was 200 respondents, 50 from each hospital. Private hospitals obtained better ratings than public hospitals on most of the measures of patient satisfaction & Quality Services.

KEYWORDS: Health Care, Patient Satisfaction, Private Hospital, Quality Services

INTRODUCTION

Health as one of the Fundamental Human Right has been accepted in the Indian Constitution. Although Article 21 of the Constitution requires the State to ensure the health and nutritional well being of all people, the Federal Government has a substantial technical and financial role in the sector. Due to growing importance of healthcare industry, it has been conferred with the Infrastructure status under section 10 (23G) of the Income Tax Act.

The Indian Healthcare Sector Constitutes

- Medical care providers: physicians, specialist clinics, nursing homes and hospitals and
- Diagnostic service centers and pathology laboratories,
- Medical equipment manufacturers,
- Contract research organizations (CRO's), pharmaceutical manufacturers,
- Third party support service providers (catering, laundry)

Before independence the health care sector was in dismal condition with high morbidity and mortality rates and prevalence of infectious diseases. Since independence emphasis its health care system in the last several decades. Considerable progress has been made in expanding the public system and reducing the burden of disease. But the government funded facilities were not enough to meet to the growing demand of population, whether it was primary, secondary or tertiary care, which necessitated the need for alternate source of funding in the healthcare sector.

Post liberalization, the healthcare industry emerges with greater opportunities and quality changes. Health care sector is an important segment in the service industry. In fact, healthcare services are essential at every place as its need may arise anywhere. Hospitals are service organizations that have now become an industry legally and practically.

In the 1980's the entry norms for Private players in the Health services industry was relaxed by the Government. The private healthcare facilities are owned and run by for profit companies, non profit or charitable organizations. The entry of private sector has opened a gamut of opportunities for India in terms of Medical Equipment, Information technology in health services, BPO, Telemedicine and Medical and Health Tourism. An estimate around 300,000 "Medical Tourists" visited India last year, representing a 20 per cent jump over the previous year.

Though the private sector has been responsible in bringing about the desired changes in the health industry, the health sector performance requires much improvement in comparison with other emerging economies, including most comparable nations in the region. Deficiencies persist with respect to access, affordability, efficiency, quality and effectiveness, despite the high level of overall private and public expenditure on health. Noida & Ghaziabad has a good hospital network covering both rural and urban area. The quality of service in general is inherent importance in any society. The world's rising population and increasing standard of living have driven significant growth within a global hospital sector, as consumers have begun to demand better hospital facilities to support their life, long and healthy life is one of the basic dimensions of human development.

OBJECTIVE OF THE STUDY

1. To review on Patient Satisfaction
2. To Compare the service quality being provided by the hospitals
3. To study the effect of perceived quality services on patients
4. To study the internal marketing and its effect on service quality of the hospitals

REVIEW OF LITERATURE

Radwin (2000) product quality is a strategic tool for attaining operational efficiency and improving business performance. **Leinonen et al. (2001)** indicate that service quality, from the patients' viewpoint, requires that medical staff exhibit respect, empathy, and concern, as well as more traditional courtesy as well as professional skills and service attitude. **De Man et al (2002)** recommend that the promotion of medical service quality to satisfy patients' demands should be a primary aim for hospitals that seek to be more successful. **Folkes and Patrick (2003)** in their study show converging evidence of a positivity effect in customers' perceptions about service providers. According to them when the customer has little experience with the service, positive information about a single employee leads to the perception that the firm's other service providers are positive. This makes **Jain and Gupta (2004)** to postulate that although the medical industry is different from general service industries, high service quality is still a key success factor. **Arasli et al (2008)** maintain that it is necessary to develop a systematic approach to find out the real requirement of patients, as this leads to greater customer's satisfaction and ultimately make the hospital more successful. **(GHS Handbook on Customer Care, 2009)** Customer care in healthcare should seek to provide higher or superior customer satisfaction, build customer loyalty and acquire new customers. Further to that, the service should uphold mutual respect and collaboration between the patient or client and the staff. **Jayesh P. Aagja, Renuka Garg, (2010)** Healthcare is a highly competitive global industry. People

accept to travel to remote parts of the world in order to receive the service quality. Patients usually prefer to go to private hospitals, hoping to receive high service quality.

RESEARCH METHODOLOGY

For collection of Primary data Questionnaires method has adopted whereas for Secondary data collection - Websites, Journals, Newspaper, Articles and reports of private hospitals has taken. Sample Area was Noida & Ghaziabad (U.P.) Zone. **Research Design** – Convenience random sampling and by nature descriptive analysis was adopted. **Total respondents** were 200, from each hospital 50 respondents has taken. **Sample Size** was four reputed private hospitals has been considered for the research i.e. Fortis Hospital, Noida; Kailash Hospital, Noida; Shanti Gopal Hospital, Ghaziabad; & Pushpanjali Crosslay, Ghaziabad. **Sample area** – Noida & Ghaziabad, this is one of the limitation of our study. **Tools used** – Standard Deviation, Mean, Percentage, Chi Square analysis

METHOD OF SURVEY

This study includes the respondents as both inpatients and outpatients of the private hospitals. Patients were chosen randomly and the questionnaire was administered to them. Most of the patients were explained the questions in Hindi, as they failed to understand the language and the pattern of questions. Those who understood the questionnaire were requested to fill it on the spot. Their attendants filled mostly the questionnaire of the inpatients. In this manner data was collected from 200 respondents from the hospitals taken in the study.

DATA ANALYSIS & INTERPRETATIONS

Table 1: Analysis of Private Hospitals

Hospital Names	No of Respondents	Percentage (%)	Cumulative %
Fortis Hospital	50	25%	25
Kailash Hospital	50	25%	50
Pushpanjali Hospital	50	25%	75
Shanti Gopal Hospital	50	25%	100
Total	200	100	

Table 2: Factor Analysis (Major Drawbacks of Private Hospitals)

Major Drawback of Private Hospital	N	Mean	Std. Deviation
Very expensive	200	1.9300	1.12114
Carelessness of staff	200	2.7867	1.16807
Lack of skills	200	2.5667	.99508
Time wastage in documentation	200	2.7733	1.17214
Rudeness of doctors	200	2.9867	1.18243
Ignorance of attendants	200	1.9102	.96709
Too much formalities	200	1.9000	1.34202
Valid n (list wise)	200		

From the above factors, it is quite clear that carelessness of staff, time wastage in documentation & too much formalities has higher mean values i.e. (2.7867, 2.7733, 2.9867 respectively) and standard deviation are 1.16807, 1.17214, 1.18243 respectively) as comparison of other factors. To find out a major drawback of the system, those factors have high mean values are more disadvantageous. Hence, we can infer Carelessness of doctors and lot of formalities has a great influence on private hospital drawback.

Table 3: Analysis of Private Hospitals in Noida & Ghaziabad

Private Hospital	N	Mean	Std. Deviation
Fortis Hospital, Noida	200	3.7047	1.52478
Kailash Hospital, Noida	200	2.0068	1.49018
Pushpanjali Hospital, Ghaziabad	200	3.6210	1.31005
Shanti Gopal Hospital, Ghaziabad	200	2.8403	1.44571

As we have discussed in previous section that for the sake of the study, researcher has taken four main reputed and demandable hospital in Noida & Ghaziabad. Again Fortis hospital, Noida has higher mean 3.7047 and standard deviation 1.52478 whereas Pushpanjali hospital has 3.6210 mean & 1.31005 standard deviation which infer that people have positive perception for other hospitals.

Table 4: Results of Chi-Square Tests

Private Hospital Preferences	Value	df	Asymp. Sig. (2-Sided)
Person Chi-Square	25.952 ^a	2	.000
Likelihood Ratio	24.836	2	.000
Linear-by-Linear Association	22.758	1	.000
N	200		

Table 5: Correlations between Insurance, Cash & Satisfaction through Private Hospitals

		Insurance, Cash	Facilities Provided by Private Hospitals in Terms of Satisfaction
Insurance, cash	Pearson Correlation	1.000	-.006
	Sig. (2-tailed)		.941
	N	200.000	200
Facilities provided by private hospitals	Pearson Correlation	-.006	1.000
	Sig. (2-tailed)	.941	
	N	200	200.000

The correlation between Insurance, cash and satisfaction of private hospital facility is $r = -.006$ and significant values is .941. This indicates that Insurance, cash and satisfaction of private hospital facility are not dependent to each other. Here the value of r is $-.006$. So it is considered to be a strong negative correlation.

Table 6: KMO and Bartlett's Test

Kaiser-Meyer-Olkin Measure of Sampling Adequacy	.881
Bartlett's Test of Sphericity Approx, Chi-Square	753.331
Df	105.000
Sig.	.000

High value of KMO (.881 > .05) of indicates KMO test and Bartlett's test indicate that the present data is useful for factor analysis. The significant value for Bartlett's test of Sphericity is 0.000 and is less than .05 which indicates that there exist significant relationships among the variables.

Table 7: Rotated Component Matrix

	Component			
	1	2	3	4
Staff behaviour	.515			
Daily Services	.767			
Best Quality in services	.775			.579
Frequently updating technology	.498			
Assurance		.789		
Client Satisfaction		.732		
Take rounds of doctors		.578		
Updating about patient health		.479		
Healthy Environment		.599		
24*7 Chemist shop facility			.586	
Availability of Blood bank			.657	
Availability of Organ			.569	
Ambulance Services			.768	
Informative				.799
Canteen				.712
24*7 services				.701
Punctuality of hospitality services				.783

Extraction Method

Principal Component Analysis. Rotation Method: Varimax with Kaiser Normalization.

The above factor analysis consists of 17 questions which can be reduced under four factors like quality services, authoritative administration, best facilities and hospitalities. In that service factor includes service quality, good service responses, staff behaviour and updating latest technology. Administration factor includes assurance, administrative response, updating patients health, client satisfaction and healthy environment. Facility factor includes blood bank, organ donation, ambulance facility and medical shop facility. And hospitality factor includes informative, canteen, 24*7 services & punctuality in hospitality services.

FINDINGS OF THE STUDY

In this study 53% of the respondents are belongs to male and 57% are female. 43% are respondents 22-25 years of age, 28% are 40 years and above, 15% are 26-30 years, 14% are 31-35 and 11% are 36-40 years of age. In status wise 59% of respondents belong to income group of in between Rs. 30,000 to 40, 000, 25% belong to upto Rs. 20,000 and 17% of the respondents belong to upto 10,000.

The quality of food available, drinking water, milk parlour and other facilities in private hospital were highly satisfied. Cleanliness of the wards, attention to the patients at the reception area was satisfactory in private hospitals.

The patients were happy with the behavior of paramedical staff in private hospitals, as the interpersonal aspect was better off in this hospital. Respondents rank the major drawbacks of private hospital in the following aspects viz, high cost, untrained doctor, lot of formalities. 45% of the respondents are satisfied about the private hospital facility. Private hospitals in Noida & Ghaziabad are better than government hospitals in the following aspects: good service, Latest technology, Nurses behavior, canteen facility, communication technology facility, easy accessible of medicine, service quality, patient satisfaction, good administrative responses, accessibility to patient at all time, giving assurance to patients health and proper updating of patients health condition to their relatives on time.

SUGGESTION

As per above findings, it is suggested that all the hospitals have their own drawbacks like rudeness of doctors and high cost means a lot for the patients who are coming in private hospitals for treatments. Similarly behavior of staff, accessibility, health environment, hospitalities and many other factors indicate the true story of sampled private hospitals in Noida & Ghaziabad. Too much documentation and untrained doctors were the major drawbacks of private hospital and waiting time and less round offs of doctors and doctor carelessness were the major drawbacks of private hospital so essential steps can be taken to overcome the above barriers.

CONCLUSIONS

In our country, where the doctor patient relationship or the hospital patient relationship leaves much to be desired, customer satisfaction stands nowhere. Hospitals have to correct this and emerge with a better image first. Human touch is yet lacking in most cases and all hospitals run their activities in a business like fashion. Patient care and all activities are subconsciously registered in the minds of patients and relatives. The doctor/surgeon Interact in a hospital accounts hardly for 10 to 20 percent, but the entire range of staff in a hospital accounts for the rest. They rarely come across patient friendly. Soft skills to all, including the doctors is a pre requisite for customer satisfaction. Hospitals and hospitality industry are similar sounding but when it comes to treating their clients, hospitals have a lot to learn from the latter. This contention was largely supported since private hospitals obtained better ratings than public hospitals on most of the measures of good service, latest technology, nurse behavior, high quality, communication facility, accessible of medical shop, service quality, Patients satisfaction, good administrative response and updating of patience health condition to their relatives. These differences suggest that private hospitals are playing a meaningful role in society, justifying their existence, continuation, and growth. Thus, in characterizing quality in terms of patient satisfaction, today's healthcare sector has increasingly begun to use the term customer synonymously with patient in the definition of the quality improvement. This has allowed healthcare organizations to bring to the forefront the idea that patients are actually choosing to purchase the healthcare services they desire.

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APPENDICES

Table 8: Age Description of Respondents

Age	No. of Respondents
15 – 25	19
26 – 35	35
36 – 45	43
46 – 55	49
56 – 65	28
66 – 75	14
76 – 85	12
Total	200

Table 9: Income Description of Respondents

Income	No. of Respondents
p1000 – 10000	19
11000 – 20000	39
21000 – 30000	73
31000 – Above	69
Total	200

Table 10: Total Variance Explained

Component	Initial Eigen Values			Extraction Sums of Squared Loadings			Rotation Sums of Squared Loadings		
	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %	Total	% of Variance	Cumulative %
1	4.715	31.435	31.435	4.715	31.435	31.435	2.491	16.607	16.607
2	1.677	11.181	42.615	1.677	11.181	42.615	2.464	16.426	33.033
3	1.451	9.675	52.291	1.451	9.675	52.291	2.173	14.488	47.521
4	1.125	7.500	59.790	1.125	7.500	59.790	1.840	12.269	59.790
5	.930	6.197	65.988						
6	.819	5.457	68.445						
7	.721	4.810	76.255						
8	.666	4.439	80.694						
9	.638	4.256	81.950						
10	.528	3.518	80.468						
11	.484	3.226	90.694						
12	.388	2.589	91.282						
13	.334	2.227	93.509						
14	.290	1.932	92.442						
15	.234	1.558	91.234						
16	.216	1.144	90.205						
17	.203	1.203	92.478						